

# City of South Jordan

## Records Request

*The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City charges 10¢ per copy and \$20.00 per hour for research. Other fees may be assessed for records compiled in a form other than that maintained by the City.*

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) specifically described:

---

---

---

---

which I believe are collected, filed and/or used by the City of South Jordan, 11175 South Redwood Road, South Jordan, Utah 84095 – (801)254-3742.

? I would like to view/inspect the record.

? I would like to receive copies of the requested record(s). I agree to pay a reasonable fee to cover the City's actual cost of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize cost of up to \$\_\_\_\_\_. I further understand that the City will contact me if estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I request a waiver of the above fees as provided by City Ordinance 3-6-100 for the following reasons: \_\_\_\_\_

---

## CONTROLLED RECORDS

If requested records are classified "Controlled", sign the following:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGMENT

I hereby acknowledge that I am a physician, psychologist, or certified social Worker and that I will not disclose controlled information to any person, including the Subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

## FOR OFFICE USE ONLY RESPONSE TO REQUEST

? APPROVED – Requestor notified on \_\_\_\_\_, 20\_\_\_\_.

? DENIED – Written denial sent on \_\_\_\_\_, 20\_\_\_\_.

FEES: \$\_\_\_\_\_

If waived, approved by \_\_\_\_\_

Further cost authorization obtained from requestor by: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

